



## **Texas Department of Insurance**

### **Division of Workers' Comp**

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

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## **MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION**

### **GENERAL INFORMATION**

#### **Requestor Name and Address**

PAUL PLAYFAIR MD  
WESTLAKE ANESTHESIA  
1004 SOUTH ROCK ST  
GEORGETOWN TX 78626

#### **Respondent Name**

TRAVIS COUNTY

#### **Carrier's Austin Representative Box**

Box Number 38

#### **MFDR Tracking Number**

M4-12-0033-01

### **REQUESTOR'S POSITION SUMMARY**

**Requestor's Position Summary:** "JI Companies has not honored HB 1005 which grants providers 95 days to file, upon knowledge of erroneous submission. We learned of JI companies on 3-21-11, then filed by fax on 3-30-11 well within 95 days. Proof of fax confirmation is attached. We are not past timely filing. We request immediate payment plus statutory interest. We are within 365 days of statutes granted in HB 1005 to dispute this claim. Please investigate for us. Thank you."

**Amount in Dispute:** \$491.25

### **RESPONDENT'S POSITION SUMMARY**

**Respondent's Position Summary:** "In review of the MDR received from Paul Playfair, MD the provider is requesting to be paid for services rendered as they do not feel the bills should be denied for billing outside the 95 day billing timelines. The services were performed on 12/11/2009, therefore the billing should have been submitted by 3/16/2010." "The provider is submitting proof the first time the services were billed to the incorrect TPA was on 3/21/2011 which almost a year past the 95 day bill timeframe. The provider was informed at this time that Sedgwick was no longer handling the account and the provider sent the claim to JI Companies. This information was provided a year after the bill should have been submitted therefore Forte does not believe this meets the criteria for the exceptions under HB 1005." "The original bill was received by JI Companies on 4/18/2011, received by Forte on 4/18/2011 and finalized on 4/26/2011 under review number 2388560. The bill was denied with ANSI code of 29, denying the billing for timely filing." "As of 9/21/2011, Forte has no record of receiving a request for reconsideration for this date of service. Also it doesn't appear the billing meets the criteria to qualify for a MDR per rule 133.307 (c)(1)(A)."

**Response Submitted by:** FORTE, 7600 Chevy Chase, Suite 200, Austin, Texas 78752

### **SUMMARY OF FINDINGS**

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
December 11, 2009	01400 64447	\$491.25	\$0.00

## ***FINDINGS AND DECISION***

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

### **Background**

1. 28 Texas Administrative Code §133.307 sets out the procedures for health care providers to pursue a medical fee dispute.
2. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated April 18, 2011

- 29 – THE TIME LIMIT FOR FILING HAS EXPIRED.
- PER RULE 133.20, A HEALTH CARE PROVIDER SHALL NOT SUBMIT A MEDICAL BILL LATER THAN THE 95<sup>TH</sup> DAY AFTER THE DATE THE SERVICES ARE PROVIDED.

### **Issues**

1. Did the requestor file for medical fee dispute resolution in accordance with 28 Texas Administrative Code §133.307?
2. Did the requestor waive their right to medical fee dispute resolution?

### **Findings**

1. 28 Texas Administrative Code §133.307(c)(1) states in pertinent part that a request for medical fee dispute resolution shall be filed no later than one year after the date(s) of service in dispute or waive the right to MDR. The Division shall deem a request to be filed on the date the MDR Section receives the request. The date of service in dispute is December 11, 2009. The request for medical dispute resolution was received in the Medical Dispute Resolution (MDR) section on September 1, 2011.
2. 28 Texas Administrative Code §133.307(c)(1) states that a request shall be timely filed with the Division's MDR Section or waive the right to medical dispute resolution. The Division finds that the requestor has failed to timely file this dispute with the Division's MDR Section and has therefore waived the right to medical dispute resolution.

### **Conclusion**

For the reasons stated above, the Division finds that the requestor has not established that reimbursement is due. As a result, the amount ordered is \$0.00.

## ***ORDER***

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

### **Authorized Signature**

_____	_____	October 26, 2011
Signature	Medical Fee Dispute Resolution Officer	Date

## ***YOUR RIGHT TO REQUEST AN APPEAL***

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

**Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.**